Central Washington Family Medicine Residency Program

a Service of
Community Health
of Central Washington

RESIDENT HANDBOOK

4/2019

CENTRAL WASHINGTON FAMILY MEDICINE RESIDENCY PROGRAM
RESIDENT HANDBOOK

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INTRODUCTION

Mission and Purpose

The Central Washington Family Medicine Residency Program (CWFMR) is a funded Teaching Health Center. The program's sponsoring institution (SI) is Community Health of Central Washington (CHCW), a federally qualified health center (FQHC), whose mission is to provide quality health care through service and education. To this end, the residency program is committed to develop and train board certified family physicians for underserved and rural settings. We define our success by our Residents' eligibility for – and successful completion of – certification by the American Board of Family Medicine and the American Osteopathic Board of Family Physicians (only applies to osteopathic residents).

This manual contains statements of policies and procedures to be followed by all CWFMR Resident physicians. It is the responsibility of every Resident to adhere to these policies. All CWFMR policies and procedures can be found on the intranet and in the shared public drive, P:\CWFM-R Policies and Procedures. This handbook, however, does not constitute an employment contract, express, or implied, nor is it a curriculum manual.

Procedures and practices in the area of personnel management are subject to periodic modification and development in light of experience, changes in labor laws, funding, and accreditation requirements. Residents will be notified in writing of any changes in these policies and procedures, and this manual will be updated accordingly. The updated version will be posted in the shared public drive and in New Innovations (NI).

Please read this handbook carefully and keep it for future reference. It supersedes all previous Resident handbooks and memos that may have been issued on subjects covered herein. Note: All CWFM-R formal policies & procedures can be found in the shared drive: P:\CWFM-R Policies and Procedures and also on the intranet site.

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OWNERSHIP, GOVERNANCE, SPONSORSHIP AND FUNDING

Ownership, Governance and Sponsorship

CWFMR is a service of Community Health of Central Washington. CHCW is governed by a Board of Directors made up of a majority of health center patients. The Board appoints a Graduate Medical Education Committee (GMEC) which monitors and advises on ***all*** aspects of the residency program. The residency Program Director, Designated Institutional Official (DIO), Associate Program Director of Osteopathic Recognition and Chief Residents are voting members of the GMEC.

CHCW is the sponsoring institution (SI) for allopathic accreditation (ACGME) and osteopathic accreditation (ACGME-Osteopathic Recognition).

Program Funding

Virginia Mason Memorial Hospital (Memorial) is a financial sponsor of the program. The residency program is funded primarily by funding that Memorial receives for graduate medical education reimbursement from Medicare and Medicaid. Other sources of revenue include Washington State primary care training funds, occasional grant moneys and the Health Resources and Service Administration (HRSA) Teaching Health Center grant.

ACCREDITATION, AFFILIATION, CURRICULUM & COMMITTEES

Accreditation

Central Washington Family Medicine Residency Program is accredited by the Accreditation Council for Graduate Medical Education (ACGME) and has achieved ACGME Osteopathic Recognition. The ACGME *Program Requirements for Graduate Medical Education in Family Medicine* may be viewed at: P:\CWFM-R Policies and Procedures\ACGME

Single Accreditation System (SAS)-On February 26, 2014, the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced their agreement to a Memorandum of Understanding (MOU) that outlines a single graduate medical education accreditation system for residency and fellowship programs in the United States. The SAS should be completely implemented by 2020.
https://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System/articleid/4716

University Affiliations

The residency program is affiliated with the University of Washington Family Medicine Residency Network (UWFMRN), Washington, Wyoming, Alaska, Montana and Idaho (WWAMI Network) and Pacific Northwest University of Health Sciences (PNWU). Affiliation provides academic support including professional development courses for faculty, research opportunities for residents and faculty, and access to electronic resources.
https://depts.washington.edu/fammed/network/

American Board of Family Medicine (ABFM) and American Osteopathic Board of Family Physicians (AOBFP) Guidelines

CWFMR follows the ABFM and ACOFP guidelines to prepare Residents for Board certification. The ABFM guidelines are available on the ABFM website at:
https://www.theabfm.org/become-certified/i-am-acgme-residency-program

Click on the *Initial Certification/Residency* tab at the top and then click on *Residency Guidelines*.
The AOBFP guidelines are available on the AOBFP website at:
https://certification.osteopathic.org/family-physicians/certification-process/family-medicine/

Curriculum

Each academic year is divided into thirteen four-week blocks (also known as rotations). The master rotation schedule is carefully balanced to meet accreditation requirements, educational needs, service coverage, continuity clinic requirements, community attending availability, and resident work hour rules. Curriculum is located in the public shared file and in New Innovations (NI):
P:\Curriculum\Active Curricula

Goals, educational strategies for core competency development, and operational statements for all required and elective curricular areas can be accessed in New Innovations (also known as NI), the residency's web-based information system. New Innovations can be accessed from anywhere since it is a web-based program. Residents are expected to review the appropriate curriculum statements in preparation for each rotation.

Rotation contact, and schedule information is distributed prior to each rotation to facilitate communication between residents and rotation attendings. Residents evaluate each rotation. Residents are expected to complete rotation evaluations upon completion of each rotation.

Committee Addressing Resident Experiencing Difficulty (CARED) was developed in 2017. Mission and Purpose of CARED

The residency program is committed to providing residents with the tools they need to become successful practicing family physicians that receive certification from the American Board of Family Medicine and/or the American Osteopathic Board of Family Physicians.

An essential component of assessing resident progress is through the Accreditation Council for Graduate Medical Education (ACGME) milestone attainment. While residents meet various milestones at different stages of training, residents falling behind their peers in milestone attainment may require remediation to meet expectations required for program advancement. Ultimately the remediation process is designed to ensure residents overcome deficits in ACGME core competencies to attain all ACGME Entrustable Professional Activities (EPAs) required for Family Medicine Physicians at the time of graduation.

This committee aims to provide early identification and intervention for residents in difficulty through data collection and development of personalized improvement plans. The overarching goal of this committee is to ensure residents meet accreditation goals without receiving formal citations and/or delayed time to graduation. Therefore, the committee seeks to prevent and/or correct progression of problems in residency. Please see full CARED description and workflow located in the shared drive.

Clinical Competency Committee (CCC) is an ACGME required committee

Purpose-To monitor resident performance and adherence to educational, program, and clinical responsibilities; to measure progression of resident performance and skill acquisition along the milestones with recommendations to the Program Director for advancement or learning plans for identified areas of needed improvement

Policy-This policy defines the purpose and responsibilities for monitoring resident progression along the milestones

Please see CCC policy located in the shared drive for details. It can also be found by clicking on below link (click on Family Medicine Milestones):
https://www.acgme.org/What-We-Do/Accreditation/Milestones/Milestones-by-Specialty

Family Medicine Osteopathic Milestones can be found by clicking link below (clinic on Osteopathic Recognition under the Milestones header):
https://www.acgme.org/What-We-Do/Recognition/Osteopathic-Recognition

Both sets of Milestones can be found in shared drive:
P:\CWFM-R Policies and Procedures\CCC

EMPLOYMENT & RESIDENCY POLICIES

Definitions

1. **Residents**. Full time, salaried physician trainees.
2. **R-1.** Physician in the first year of residency training.
3. **R-2.** Physician in the second year of residency training.
4. **R-3.** Physician in the third year of residency training.
5. **Term of Training.** The normal term of residency training in family medicine is three years (36 months). The Resident's training may be extended beyond three years, at the discretion of the Program Director, due to the Resident's time away from the program or to address academic deficiencies.
6. **Year.** For the purpose of these policies "year" refers to the CWFMR academic year.
7. **Orientation Period.** The first rotation of the first year of residency training.

Equal Opportunity

The Central Washington Family Medicine Residency Program (CWFMR) maintains a policy of nondiscrimination with applicants and Residents. No aspect of the application process or residency training will be influenced in any manner by race, color, religion, sex, age, national origin, physical or mental disability, or any other basis prohibited by statute. Further, CWFMR will reasonably accommodate persons with mental or physical disabilities as long as the accommodation doesn't cause the Program undue hardship or negatively impact the provision of comprehensive patient care.

Orientation

All new R-1 residents will have an orientation month that introduces a comprehensive approach to health care and promotes resident identity as a family physician. The orientation will include an introduction to CHCW, the residency program (Yakima & Ellensburg-only Ellensburg residents), the residency clinics, and the hospital (Memorial). An assessment of the resident's level of proficiency in the ACGME core competencies will be completed through objective structured clinical examination (OSCE). The orientation is a required educational experience and included as part of the Resident's 36 months of training.

Resident Records and Privacy

Access to Resident files is restricted to authorized personnel. Authorized personnel include the faculty and administrative staff of the program. Residents have the right to review and request copies of their own Resident files. Access to Resident files is granted by the Program Administration staff.

The Resident file will remain with the program for an indefinite period. Former Residents may, by written request, obtain information from their files at any time.

Learning and Work/Educational Hours (formally known as Work hours)

The residency program complies with the guidelines of the Accreditation Council for Graduate Medical Education (ACGME) with regard to resident workload and educational hours. Please see Resident Work Hours policy for details. For detailed information please refer to work hour's policy in shared drive (public folder) and on intranet site.

Attendance

Residents must attend scheduled work events. Acceptable reasons for absence include PTO, illness and appropriate prioritization of other demands placed upon the Resident (e.g., attending to the delivery of the Resident's OB patient or patient care demands on the Family Medicine Service). A Resident, who has worked a night or 24-hour shift prior to Wednesday morning, is excused from the weekly Wednesday afternoon didactics in order to maintain compliance with work hour rules. All FMS Residents are excused from Perinatal Grand Rounds/Noon Lecture.

The Resident must document Didactic/conference attendance and excused absences from didactics in New Innovations. Completion of the didactic/conference surveys, via New Innovations, is required. Failure to complete the required surveys and attendance documentation may result in disciplinary action.

All residency policies/procedures can be located in the shared drive:

P:\CWFM-R Policies and Procedures\Residency Policies and Procedures

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Wage and Salary Policies

General Wage and Salary Policy

Community Health of Central Washington strives to pay Resident salaries that are competitive within the industry. Resident salaries are evaluated annually. The salary paid by CHCW and the education received is considered to be full compensation.

Payroll Deductions

Various payroll deductions are made each payday to comply with federal and state laws pertaining to taxes and insurance. Deductions are made for the following:

1. Federal Tax Withholding
2. Social Security (FICA)
3. Other Deductions Authorized by the Resident
4. Workers' Compensation
5. Others Required by Law

Paydays

The payroll week runs from Saturday of one week through Friday of the following week. Paychecks are issued by direct deposit every other Friday for time worked through the preceding Friday.

Pay Advances

Pay advances are discouraged. Requests are considered on a case-by-case basis and, if given, are limited to one per year per Resident.

Automatic Bank Deposit

Resident paychecks are automatically deposited into the Resident's bank account. The process for direct deposit is detailed in the benefits portfolio provided by the Human Resources Manager.

Moonlighting

The Resident is employed full time by Community Health of Central Washington. Gainful employment outside of CHCW by Residents is not required and is permitted only with the written permission of the Program Director. Moonlighting hours count toward work hours and must meet the work hour requirements. The Program Director recognizes that the Resident may face extenuating financial circumstances during his/her training and will review requests for permission to "moonlight" accordingly. In order to be permitted to moonlight, the Resident must: **(Note: R1s are not allowed to moonlight, per ACGME)**

1. Be and remain in good standing; (not on any form of citation/probation)
2. Submit to the Program Director a written request form (obtain moonlighting request form from Program Manager).
3. Have a passing equivalent on the annual In-Training Examinations and have passed USMLE or COMLEX Step 3.
4. Provide written documentation to the Program Director that he/she is covered for any liability action which could arise from the moonlighting activity (for offsite moonlighting).

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5. Maintain his/her level of performance in the residency program during the moonlighting period, including attendance at didactic conferences and rounds without demonstration of undue fatigue;
6. Demonstrate licensure appropriate for the planned activity.

The written permission to moonlight will become part of the Resident's permanent file. The Program Director may, at any time, rescind the moonlighting privilege. Please see Moonlighting policy and form for details. Policy located in shared drive and via intranet.

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BENEFITS AND SERVICES

Community Health of Central Washington strives to provide a competitive benefits package for its Residents. Residents can refer to their individual contracts for detailed benefit information.

The existence of these employee benefits and plans, in and of themselves, does not signify that a Resident will be employed for the time necessary to qualify for these benefits and plans.

Social Security

All Residents are covered by the Federal Social Security Act. A required percentage of the Resident's salary is deducted from each paycheck to pay the Resident's portion of this protection, and CHCW matches the Resident's deduction dollar for dollar. The plan is designed to provide for the Resident's future security and that of his/her dependents and provides for retirement, disability, death, survivor and Medicare benefits.

State Unemployment Insurance

State Unemployment Insurance, funded entirely by employers in the state of Washington, provides weekly benefits for no fault unemployment due to circumstances described in Washington State law.

Workers' Compensation

CHCW carries state insurance to cover the cost of an employee's work-incurred injury or illness. Benefits help pay for medical treatment and part of any income loss while recovering. Specific benefits are prescribed by law, depending on the circumstances of each case. Work-related accidents must be reported immediately to the Human Resources Manager to ensure timely inspection and completion of forms.

Malpractice Liability Insurance

Residents are covered by an indemnification plan with claims made type liability insurance for claims that arise directly related to an activity in which the Resident is/was engaged while acting within the scope of assigned duties.

Holidays

There are eight holidays in each academic year (July 1 – June 30).

Holiday	Date Usually Observed
Independence Day	July 4
Labor Day	First Monday in September
Thanksgiving Day	Fourth Thursday in November
Day after Thanksgiving	Friday following Thanksgiving
Christmas Day	December 25
New Year's Day	January 1
Presidents Day	Third Monday in February
Memorial Day	Last Monday in May

Please contact CHCW HR department if you should have any questions about your benefits.

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When a holiday falls on Sunday, the following Monday will be observed as the holiday. If a holiday falls on Saturday, the preceding Friday will be observed as the holiday.

Services requiring ongoing coverage or rotations where the attending physician works on the holiday will be covered by the Resident(s) assigned to that service or rotation at the time of the holiday. The Program Scheduler coordinates the schedule in a manner that assures fairness.

Paid Time Off

For any clarification or questions regarding the schedule or time off, please contact Program Scheduler, Tosha Durand at tosha.durand@chcw.org or 509-574-6116.
Each Resident is allowed 20 days of Paid Time Off (PTO) for each contract year. PTO is a benefit designed to provide residents with the flexibility to use time off to meet personal needs, while recognizing individual responsibility to manage paid time off. PTO may be used for vacation, illness, caring for family, medical/dental appointments, leave, personal business, holidays not recognized by CHCW, or emergencies. **No PTO may be carried over from one contract year to another.**

PTO requests must be submitted and approved **three** months in advance to avoid impairment of clinic operations, rotation schedules, and clinic and jeopardy call. Requests should be submitted via UltiPro, CHCW's web-based payroll management system. PTO requests are granted on a first-come, first-served basis. There is no guarantee, however, that a request for specific dates will be granted and Residents should not make travel or other plans until the PTO has been approved. Please refer to PTO policy located in the shared drive or via intranet for details.

It is the Resident's responsibility to remind the rotation site contact and the rotation attending in advance of any approved PTO scheduled during a rotation.

No PTO will be granted during the 1st rotation of the academic year, the Family Medicine service (FMS), Obstetrics (OB) service, Pediatric Hospital Service (PHS) rotations and during the ACOFP and ABFM in-training exams.

Rotations Restricted from using PTO-No more than 5 days of any type of time off are allowed during any four-week rotation. Exceptions will be approved only if the activity is required by the residency program.

Yakima Resident Process-In the case of unscheduled PTO when the Resident is unable to work due to illness, the Resident must notify the Residency Program Scheduler via email at tosha.durand@chcw.org and the rotation site contact, who is listed on their rotation schedule. If the Resident is scheduled for clinic at CWFM, they must send an email to CWFM All within the organization's outlook email system and also contact his/her continuity clinic call center (CWFM/509-452-4520; or 509-574-6131) to discuss the disposition of clinic patient care with his/her nurse and or team. As with scheduled PTO requests, the Resident must submit all unscheduled PTO requests via UltiPro.

Ellensburg Resident Process- In the case of unscheduled PTO when the Resident is unable to work due to illness, the Resident must send an email to notify the Ellensburg Residency Coordinator via email at charlene.mize@chcw.org and call the rotation site contact. As with scheduled PTO requests, the Resident must submit all unscheduled PTO requests via UltiPro.
-If scheduled in clinic, the Resident must discuss the disposition of clinic patient care with the nursing team.
-If the resident is scheduled for Daytime Admissions at KVH they must notify the Jeopardy resident (even if there are no CHCW patients admitted). If there is no Jeopardy resident, they must notify their attending.
-If the resident is scheduled for clinic call they must notify their attending.

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Professional Development

All Professional Development leave requests must be submitted 3 months in advance and submitted to the CWFMR scheduler or Ellensburg Residency Coordinator. However, when R3's are using Professional Development leave for interviews there is some leniency. No Professional Development leave is granted during the first year of training. Professional Development leave is granted to R-2s (3 days) and R-3s (5 days) and may be used only during unrestricted residency time as specified above. Approved professional development leave may include leave for the purpose of: travel/time away for conferences, cultural/language training or international experiences and/or exploration of future employment opportunities. As Professional Development leave is a defined benefit, an unused Professional Development leave may not be carried forward from the R-2 year into the R-3 year and will not be paid out to the resident.

All requests for Professional Development leave must be **pre-approved by the Resident's advisor prior to final approval by the Program Director.** The Resident **must** explain in writing how the proposed educational activity fits with the Resident's overall educational needs.

Upon receipt of approval for Professional Development leave, the Resident **must** submit the approved leave request via email to the Program Scheduler. Remember to submit request in advance and follow up with the approval process. Residents **must not** make travel arrangements or register for the professional development activity until the leave is cleared by the Program Scheduler (Ellensburg and/or Yakima).

At the beginning of the R1 academic year, residents are granted $1,500, for the three years of residency. These professional development funds may be used for **approved** professional development purposes. Approved professional development purposes may include: purchase of medical textbooks, journal subscriptions, travel or tuition or registration fee for conferences, cultural/language training and/or international experiences. There is a $200 limit on use of Professional Development funds for computer hardware or other electronic equipment. As Professional Development funds are a defined benefit, any unused Professional Development funds after the residents third year will not be given to the resident, the funds will remain property of CWFM-R.

A Resident may petition the Program Director to use Professional Development funds for other educational purposes. All uses of Professional Development funds must be **pre-approved by the Resident's advisor prior to final approval by the Program Director.** Expenditures **will not** be reimbursed if prior approval has not been granted.

Upon receipt of approval for the use of Professional Development funds, the Resident will submit the request for funds/reimbursement to the Program Services Coordinator. Requests for funds/reimbursement **must be submitted within 30 days** of the expenditure**.** In order to insure timely processing of invoices and payments by academic year-end, reimbursement requests for Professional Development expenditures incurred near the end of the academic year must be submitted to the Program Services Coordinator no later than 15 days prior to the end of the academic year.
If you have any questions regarding use of funds and reimbursement processes, please contact verna.redbear@chcw.org

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Bereavement Leave

In the event of a death in his/her immediate family, a Resident may be granted up to three working days of paid leave per contract year. The term "immediate family" is defined as the Resident's grand-parent, parent, spouse, partner, brother, sister, child, grandchild, mother-in-law, father-in-law, brother-in-law, sister-in-law, and any relative living in the Resident's household. Bereavement leave must be pre-approved by the Program Director/DIO. If extended time is needed, PTO or leave without pay may be granted at the discretion of the Program Director/DIO.

Jury Duty

Normal earnings are paid for jury service. Payments received for jury service must be signed over to Community Health of Central Washington. The Resident must notify the Residency Program Manager and the Program Scheduler upon receipt of a jury summons. A letter will be issued excusing resident from jury duty. This letter must be submitted to the court for final decision.

Extended Leave of Absence

Extended personal leave is granted at the discretion of the Program Director for *compelling* personal reasons.

In accordance with continuity requirements, leaves of absence from the residency in excess of PTO granted in each year of training must be made up prior to graduation. The date of completion of training will be extended commensurate with excess time taken.

1. Extended Independent Study Elective (AKA Away Elective)
   - A Resident may request an extended independent study elective in lieu of absence beyond PTO. Residents will be expected to provide proof of their learning during this away elective by filling out the required elective paperwork prior to beginning leave, and any required evaluations afterwards. Our program's policy on extended independent study is designed to comply with the policies of Community Health of Central Washington, the ACGME requirements for Family Medicine, and all federal employment laws. This extended study is an option for the Resident and is not required. The guidelines set forth here are general recommendations, and any Resident considering taking extended independent study is required to discuss this with the Program Director and Residency Manager and his/her advisor as soon as a need for extended independent study is identified. Following these meetings, and once the Program Director has approved the plan, the Resident will meet with the CHCW Human Resource manager to complete any required paperwork.
   - An away elective can be used if needed and is deemed necessary by the program director. The away elective is typically a third-year rotation. The Resident will not have a second away elective if he/she chooses this option. Residents will be expected to provide proof of their learning during this away elective by filling out the required elective paperwork prior to beginning leave, and any required evaluations afterwards. The Resident may then take a four-week reading elective following the extended independent study elective, during which time clinical responsibilities will be limited to CWFM clinic (up to 4 half-day sessions/week) and attendance at required didactics. This elective must be discussed with the Resident's advisor and approved by the Program Director.
   - PTO may be used adjacent to the extended independent study elective, but the Resident must discuss this extension with his/her advisor and have the plan approved by the Program Director.

- In lieu of an extended independent study elective, a Resident may request to take leave **without pay** when his/her PTO is depleted. This must be approved by the program director.

2. **Family and Medical Leave Act (FMLA)/ Military Family Leave Act (MFLA)**
   Eligible residents have a right under FMLA for up to 12 weeks of leave in a 12-month period for the reasons listed below:
   - Birth of a child, or the placement of a child for adoption or foster care
   - A serious health condition that renders the resident unable to perform the essential functions of his/her job
   - A serious heal condition affecting the resident's spouse, child, or parent, for which the resident must provide care.
   - Family member of military servicemembers for qualifying exigencies and for care of covered servicemembers, including certain veterans, with a serious injury or illness.
   - The Washington State Military Family Leave Act (MFLA) (app.leg.wa.gov) allows an employee whose spouse is a member of the United States armed forces, National Guard or reserves to take 15 days of leave when the spouse is notified of an impending call to active duty or when the spouse is on leave from an active duty deployment.
   - During FMLA or MFLA, PTO must be used prior to utilizing unpaid leave.

Health Insurance

Medical, dental, and vision insurance is available for Residents, subject to specific plan eligibility rules and coverage. Residents are eligible for benefits on the first day of employment. Residents may choose to insure family members. Resident is responsible for paying 50% of the health insurance premium (medical, dental, vision) for the PPO plan or HDHP plan for resident dependents and a contribution to the CHCW Health Saving Account when enrolled in the HDHP plan.

CHCW provides health insurance (medical, dental, and vision) for the resident via a paid premium for the CHCW PPO plan or CHCW High Deductible Health Plan and a contribution to the Health Saving Account when enrolled in the HDHP plan. Any co-payments/deductibles will be the responsibility of the resident.

401(k) Plan

CHCW provides a 401(k)-profit sharing plan. Upon eligibility CHCW makes contributions on behalf of each enrolled Resident. Residents are also eligible to contribute their own dollars beginning 90 calendar days from start of residency.

Flexible Spending Account

A Flexible Spending (IRC Section 125) account is available to Residents. Participation is voluntary but limited to the extent of the law and IRS regulations. The Resident is eligible on the first day of employment.

Life and Disability Insurance

Group Term Life Insurance and Group Disability Insurance are provided for Residents effective the first day of employment.

Employee Assistance Plan

CHCW provides an Employee Assistance Program (EAP) for Residents and their dependents that include free assessment and counseling services. Please contact Program Manager or Human Resources for contact information.

Meals

The institution provides meals/nourishments for residents during their inpatient hospital shifts/rotations where the resident is required to remain on the floor to provide patient care. Meals are always available while on an inpatient service. The resident is not required to pay out of pocket for meals and the hospital should bill the residency program. Kittitas Valley Hospital has agreed to provide Ellensburg residents with meals while working on inpatient services.

ORGANIZATIONAL ASSETS

Use of Supplies

CHCW purchases office and miscellaneous supplies for business use only and these supplies should not be used for personal reasons.

Key and Entrance Code Policy

CHCW Residents are issued building keys and individual entrance codes for after-hours entrance to the building. It is the Resident's responsibility to keep keys and entrance codes in a secure place and report key loss or theft immediately. Keys should not be loaned or duplicated, and entrance codes should not be shared.

CHCW will replace a key the first time it is missing for any reason. Keys that need to be replaced for the second or more times will be at the Resident's expense.

Upon completion or termination of training, Residents are required to turn in key(s) prior to final departure from the building.

Electronic Business Equipment Use and Security

Electronic business equipment that is owned or cost reimbursed by CHCW is a valuable asset and intended primarily for business use. Electronic business equipment includes: computer hardware and software, and smart phones used in the provision of patient care. All computer files created, loaded, or maintained on CHCW business equipment are the property of Community Health of Central Washington. Purchased/leased software may not be copied or used contrary to the provisions of the contract. Residents **may not** load personal software on a company provided computer unless given permission by the Director of Information Systems. All CHCW provided computers and software remain the property of CHCW.

Residents are required to use smart phones with voicemail, texting and internet capabilities to aid in communication and provide access to on-line medical resources. Residents are required to record a business voicemail greeting for their cell phones. Prompt response is required for all calls, voicemail and text messages except when a Resident is on night float and the phone is off during the day while the Resident is sleeping. During business hours, personal calls and text messaging must be kept to a minimum and not disrupt the flow of patient care or other work responsibilities. Residents may download non-business applications for personal use on smart phones but must use discretion and good judgment in the choice of applications.

When not in use, all portable electronic business equipment must be left in a secured area. Portable electronic business equipment is not to be left in any open, shared, or unsecured area in or outside of the clinic. The Resident bears the responsibility for replacement of electronic business equipment that is lost, stolen or damaged due to negligence.

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Electronic Mail

CHCW has established a policy for the use of email whereby employees must ensure that they:

- Comply with current legislation
- Use email in an acceptable way
- Do not create unnecessary business risk to the company by their misuse of the Internet

Unacceptable behavior is listed as but not limited to:

- Use of company communications systems to set up personal businesses or send chain letters
- Forwarding of company confidential messages to external locations non-related to business matters.
- Distributing, disseminating or storing images, text or materials that might be considered indecent, pornographic, obscene or illegal
- Distributing, disseminating or storing images, text or materials that might be considered offensive or abusive.
- Accessing copyrighted information in a way that violates the copyright
- Breaking into the system or unauthorized use of a password/mailbox.
- Broadcasting unsolicited personal views on social, political, religious or other non-business related matters.
- Transmitting unsolicited commercial or advertising material
- Undertaking deliberate activities that waste staff effort or networked resources
- Introducing any form of computer virus into the corporate network.

The use of email is a valuable business tool. However, misuse can have a negative impact upon employee productivity and reputation of the business.

In addition, all of CHCW's email resources are provided for business purposes. Therefore, the company maintains the right to examine any systems and inspect any data recorded in those systems.

In order to ensure compliance with this policy, the company reserves and intends to exercise the right to review, audit, intercept, access and disclose all messages created, received or sent over the electronic mail system for any purpose. The contents of electronic mail properly obtained for legitimate business purposes, may be disclosed with the company without the permission of the employee.

Failure to comply with these guidelines will result in sanctions ranging from disciplinary action through dismissal.

Internet

Access to the Internet at CHCW is a company resource and is provided as a business-communication tool. As such, personal access to the Internet must be limited to breaks and lunch periods and may not disrupt normal business use.

Access to the Internet is not to be used in a way that may be illegal, disruptive, or offensive to others. Residents are prohibited from transmitting, downloading, uploading, or printing information that contains offensive information. Residents do not have a personal privacy right in use of the Internet and are expected to use good judgment in the use of the internet, including social media access.

Violation of this policy will result in discipline up to and including discharge.

Postage

The CHCW postage machine is for outgoing business mail. The CHCW postage machine should not be used by Residents for personal use. Postage for personal mail may be purchased from the designated mail attendant.

Mail

Residents are provided mailboxes at CWFM and/or CHCW-E. Routine written communications and mail are placed in the mailboxes. Boxes should be emptied each day when in clinic or at least once a week unless on an away rotation.

CHCW receives and sends large quantities of mail daily. Incoming and outgoing personal mail should be limited.

Printing, Copying and Faxing

Printers, photocopiers and fax machines are intended for business use.

Telephones

CHCW telephones (desk & cellular) are to be used for business. Calls should be answered promptly and courteously. On occasion, personal calls may be necessary, but should be limited to emergencies or brief essential personal business.

EX. 1

EMPLOYEE SAFETY AND HEALTH

CHCW strives to provide safe working conditions for Residents by observing the safety laws of the federal and state government within whose jurisdiction it operates. No one is knowingly required to work in any unsafe manner. Safety is every Resident's responsibility, and all Residents are expected to do everything reasonable and necessary to keep the program a safe place to work. Upon hire, new Residents participate in the Health and Safety Training. Safety rules are posted and Residents are responsible to become familiar with and observe these rules at all times.

Smoke Free Environment

Community Health of Central Washington is a smoke free workplace. Residents **are not** permitted to smoke on Community Health of Central Washington premises.

Substance Abuse

Community Health of Central Washington maintains a commitment to provide a safe and healthy work environment for its employees by eliminating the effects of drug and alcohol use in the workplace.

Unauthorized or unlawful manufacture, distribution, dispensation, possession, and use of drugs or alcohol on company premises, and/or engaging in such activity while conducting business on company time, whether on or off company premises, is prohibited and may result in immediate termination.

Employees **must not** report for work or perform work under the influence of or after having used or consumed controlled substances. For purposes of this policy, any employee testing positive for a controlled substance (or its metabolite) in his/her urine is conclusively presumed to be under the influence of such drugs.

Employees **must not** report for work or perform work with a blood alcohol content greater than 0.00 percent.

Employees **must not** report for work or perform work under the influence of, or be impaired by prescription drugs, medications, or other substances that may, in any way, adversely impair their alertness, coordination, reaction, response, safety, or ability to perform the essential functions of the position.

Due to the nature of CHCW business, medications exist on company premises which are accessible to employees. The misuse, or unauthorized use, of these medications is prohibited, and will be considered a violation of this policy.

1. Testing
   To ensure compliance with the guidelines set forth in this policy, CHCW will utilize pre-employment and reasonable suspicion drug and alcohol testing analysis.
   - Pre-Employment Testing - All applicants with a pending job offer for any position will be required to submit to a urine drug screen prior to employment. New hires will not be permitted to begin working until the test results are received.
   - Reasonable Suspicion Testing - If facts, circumstances, physical evidence, physical symptoms, or a pattern of performance or behavior causes a supervisor to reasonably conclude that an employee may have used, be under the influence of, or impaired by drugs or alcohol, the supervisor may request testing.

EX. 1

Refusal to submit a sample or tampering with the sample during testing shall result in immediate termination or the withdrawal of an offer of employment.

2. Confidentiality
   Community Health of Central Washington requires that all personnel maintain confidentiality in all matters relating to alcohol/drug use and enforcement of CHCW policy. Violations of confidentiality will result in disciplinary action up to and including termination.

Life Threatening Illnesses

CHCW is committed to providing equal opportunity to all Residents, including those who have a life-threatening illness (cancer, AIDS, cardio-pulmonary diseases, etc.). Consequently, a Resident who has a life-threatening illness will be treated like any other Resident as long as:

1. The work environment does not impede the Resident's health.
2. Performance standards are met.
3. The illness does not present a threat to the Resident's co-workers.
4. Prescription drugs or medications used for the treatment of the illness do not adversely affect the Resident's alertness, judgment, coordination, reaction, response, or safety.

Information regarding any Resident with a life-threatening illness will be kept confidential and the Resident will be treated with compassion and respect.

A Resident granted leave for a medical disability may return to work when his/her physician provides a written release stating that the Resident is able to resume normal duties.

Policy Against Violence

Community Health of Central Washington has zero tolerance for violence. Violence includes but is not limited to physical harm, shoving, threats, harassment, intimidation, coercion, brandishing weapons, etc.

Perceived or observed violent incidents must be reported to the Program Director/DIO or his/her designee. Appropriate action may include the notification of law enforcement officials, the removal of the offender from the premises, and the obtaining of a restraining order.

If the perpetrator is a Resident, the Program Director/DIO reserves the right to use any of the following steps as is dictated by the severity and nature of the threat:

1. Oral Warning.
2. Written Warning.
3. Suspension Without Pay.
4. Immediate Dismissal

STANDARDS OF CONDUCT

Community Health of Central Washington Residents are expected to conduct business according to the highest ethical standards and best interests of the program. As representatives of Community Health of Central Washington, Residents are required to maintain the following standards of conduct:
Please note: CHCW has developed and implemented an organizational Standard of Behavior. This standard is located on the intranet.

Personal Appearance

Residents are expected to dress and groom themselves in a manner that promotes patient and community confidence and respect, enhances CHCW's reputation as a professional organization, and exhibits good health and safety practices.

If a Resident presents to work dressed inappropriately, the Resident may be asked to leave the workplace until he/she is properly attired. A Resident who violates the personal appearance standards may be subject to appropriate disciplinary action.

1. Definitions
   - Patient care area – any part of the clinic used frequently by patients. This includes exam rooms, radiology, laboratory, waiting areas, patient homes (when care is provided in the home), hospitals, and other facilities where patient related work assignments are being performed.
   - Jeans day-typically every Friday with a $5.00 donation (see jeans day policy for more info)
   - Flip-flops – flat, backless, sandal consisting of a flat sole held loosely on the foot by a Y-shaped strap that fits between the toes.
   - Tank top – sleeveless top that does not cover the entire top portion of the shoulder.
2. Clothing must
   - Be professional and appropriate to the department;
   - Be clean and in good repair;
   - Fit in such a manner that it does not expose the abdomen, chest or buttocks;
   - Be free of messages, graphic arts, or advertisements unrelated to CHCW.
   - Halter-tops, spaghetti strap tops, and tank tops (when worn alone), shorts, beachwear, workout attire, casual T-shirts, sweatshirts, or other distracting, offensive, or revealing clothes are unacceptable.
   - Jeans, skirts, and jackets made of denim, regardless of color, are inappropriate except on designated jeans days.
   - Dresses and skirts must be slightly above the knee or longer.
   - White coats are not required and may be worn in clinic at the discretion of the Resident.

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3. Shoes
   - Must be clean, in good repair, and appropriate to the work area.
   - Flip-flops and slippers are not permitted.
   - Any Resident who performs work in patient care areas must wear close-toed shoes. Acceptable close-toed shoes include tennis shoes, clogs, and comfortable loafers.
4. Hair
   - Hair must be clean and styled.
   - Facial hair is permissible if clean and neatly trimmed.
5. Jewelry
   - Jewelry should not be loose or dangle in such a way that it creates a safety hazard.
   - Body piercing jewelry is allowed in the ear only. All other visible piercings must be removed or covered while at work.
   - Pins that promote religious, political or union related messages or information are unacceptable.
6. Other
   - Fingernails must be clean and filed short enough to avoid potential injury in patient care areas.
   - Name badges are required to be worn at all times.
   - Visible tattoos designs must be appropriate for children and families. Those that are not (e.g. skulls, monsters, vulgar language, violent, gang related, or sexual content) must be covered while at work.
   - Cologne, perfume, scented body lotion, and aftershave lotion should be used in moderation. Light fragrances are acceptable.

7. Jeans Day
   - On designated jeans charity fundraiser days, Residents may wear jeans if neat, not excessively faded, and free of holes, tears, etc.
   - Residents should use good judgment in selecting clothing for these days; if the Resident is working in a non-CHCW facility or attending a meeting, more professional attire may be appropriate.
   - Attire worn on jeans days must be in compliance with the rest of the personal appearance standards.

Confidentiality

Community Health of Central Washington Residents are expected to maintain confidentiality at all times. No medical information or medical report may be released or discussed without written consent from the patient, parent or legal guardian, or as allowed under the Health Care Information Act. Access to employee files is limited as required by law and general business information should be provided only to those with a legitimate business need to know. All CHCW Residents will be provided HIPAA training during the orientation month.

Employee and Family Healthcare

CHCW employees are now allowed to receive care from any CHCW provider and request care for immediate family members at any CHCW work site. However, the policy retains the authority of providers to place limitations if they have privacy or ethical concerns. The policy is available on the intranet site, Employees as Patients.

CHCW providers, including Residents, are prohibited from providing medical care to their immediate family members while conducting business on behalf of CHCW.

Media Relations

Only the CEO or his/her designee is permitted to make any comment to the media regarding CHCW, its patients, employees, or clinic issues. Residents are encouraged to use good judgment when discussing issues of general interest with the media.

Use of Names and Logos

The CHCW and CWFMR names and logos are properties of CHCW and used for business purposes only. Use of the names and/or logos for sponsorships and/or advertising is at the discretion of the CHCW Leadership Group.

Outside Activities

Because Community Health of Central Washington provides a service to its customers, its image and appearance in the community is important. Any activity outside working hours that creates the appearance of a conflict or may adversely affect CHCW is prohibited.

Solicitation and Distribution

CHCW has clear guidelines and expectations regarding fundraising, solicitation and/or distribution of materials on CHCW premises.

1. Celebrations
   On occasion, Residents may collect monies or resources from one another or other CHCW employees for employee related purposes such as birthday, baby, wedding, or retirement celebrations, expressions of sympathy, or support in times of employee hardship. Such solicitations must not interfere with the job responsibilities of the solicitors or the donors. Information may be disseminated via company mailboxes or email but is not to be presented as a CHCW sponsored event. Advertisement for these events such as fliers, posters, etc. should not be published utilizing CHCW supplies or equipment.
2. Charity Support
   CHCW conducts an annual United Way campaign and may sponsor other CHCW Leadership Group approved fundraisers. All Residents are given an opportunity to participate as part of our corporate commitment to community service. Solicitation of money, time, or goods for these events is not intended to interfere with the job responsibilities of the solicitors or the donors. Resident solicitations for money, time, or goods for non-CHCW sponsored charity fundraisers are allowed but must not interfere with the job responsibilities of the solicitor or the donors. Advertisement for non-CHCW sponsored charity fundraisers such as fliers, posters, etc. should not be published utilizing CHCW supplies or equipment.
3. Community Events
   Residents may provide information regarding community events to co-workers and other CHCW employees via the employee bulletin board(s) and employee break-room(s). Postings in patient waiting areas must be approved by site leadership.
4. Commercial
   Solicitation by Residents of personal goods and services is allowed but must not interfere with the job responsibilities of the solicitor or those being solicited. Advertisement for these goods and services should not utilize CHCW supplies or equipment.
5. Outside Solicitors
   Non-employees are prohibited from soliciting on CHCW premises.

EX. 1

Policy Against Harassment

Harassment is illegal and will not be tolerated. Harassment may include:

1. Making unwelcome sexual advances or requests for sexual favors.
2. Making verbal or physical conduct of a sexual nature a condition of a Resident's or employee's continued employment.
3. Making submission to or rejections of such conduct the basis for decisions affecting the Resident or employee.
4. Creating an intimidating, hostile or offensive work environment by such conduct.
5. Retaliating against any person, because he/she has made or filed a complaint of sexual harassment or opposed such conduct.

A Resident who feels he/she has been sexually or otherwise harassed should tell the offender to stop and report the incident to the Program Director. Confidentiality will be maintained to the extent dictated by the circumstances.

Employee Inter-relationships

CHCW encourages its employees to foster strong **working** relationships in order to develop the collaborative team approach needed for excellent patient care. CHCW discourages **personal** relationships of an intimate or romantic nature between employees across all levels of the organization as such relationships can compromise the effectiveness of the work environment.

Standards of Conduct Violation

Violations of Community Health of Central Washington standards of conduct will result in the development of a corrective action plan. Depending on the seriousness of the infraction, the past record of the Resident and the circumstances surrounding the matter, corrective action may include, but is not limited to:

1. Oral warning
2. Written warning
3. Suspension
4. Dismissal

The following list is representative of the types of activities which may result in disciplinary action. Since there is no way to identify every possible violation of standards of conduct, including harassment or discrimination, it is not intended to be comprehensive and does not alter the employment-at-will relationship between the Resident and the program.

1. Falsifying or omitting of information in the Resident's application or personnel information.
2. Unauthorized possession or use of CHCW materials, time, equipment or property.
3. Gambling, violating criminal law, carrying weapons or explosives on Community Health of Central Washington premises.
4. Fighting, throwing things, horseplay, practical jokes or other disorderly conduct which may endanger the well-being of any Resident, employee, patient or visitor.
5. Engaging in acts of dishonesty, fraud, theft or sabotage.
6. Threatening, intimidating, coercing, using abusive or vulgar language, or interfering with the performance of other Residents or employees.
7. Insubordination or refusal to comply with instructions or failure to perform reasonable duties as assigned.

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8. Damaging or destroying program property due to careless or willful acts.
9. Negligence in observing fire prevention and safety rules.
10. Irregular attendance or absence without notice.
11. Conduct which adversely reflects on the Resident or Community Health of Central Washington.
12. Work performance that does not meet the requirements of the position.
13. Engaging in practices inconsistent with the ordinary and reasonable rules of conduct necessary for the welfare of Community Health of Central Washington, its employees, patients, or visitors.
14. Any acts, conduct or omission deemed of a serious nature by Community Health of Central Washington.

EX. 1

RESIDENT SUPERVISION, EVALUATION, ADVISING, AND ADVANCEMENT

Supervision of Residents

Residents are supervised by program faculty and community attending physicians with documented qualifications, expertise and diversified interests sufficient to meet the various training responsibilities of the program. Please see resident supervision policy located in the shared drive for details.

Performance Appraisals (Evaluations)

Residents are subject to continuous performance evaluation, with regard to the seven core competencies: **patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, and osteopathic philosophy and osteopathic manipulative medicine**. Such evaluation is an integral part of the education process, and each Resident is responsible for participating in the evaluation process as requested and as delineated in the "Evaluation Strategy" of each curriculum and rotation, and as described in the "Resident Evaluation and Advising" sections of the Resident Handbook. Residents are evaluated by the Program faculty and staff, including nursing and other staff within the FMC, and by community physicians and health care workers with whom the Resident has contact throughout their period of training.

The goals of the CWFMR Resident evaluation system are:

1. Assure the safety of patients.
2. Provide relevant, fair, useful, and accurate feedback about Resident progress from appropriate sources including CWFMR faculty and community preceptors, encounter/billing form data, inpatient and outpatient supervisors, and results of national Resident In-Training Examinations.
3. Measure Resident and residency program outcomes to determine if educational objectives are met.
4. Assess Resident involvement and investment in establishing personal learning goals, self-assessment of educational progress, and attainment of goals.
5. Document progress and competence for purposes of advancement and graduation, compliance with residency program requirements for accreditation, references for future work applications and determination of privileges.
6. Obtain information that will contribute to the maintenance and continuous improvement of educational opportunities and rotations.
7. Utilize the ACGME and ABFM Family Medicine Milestone Project. The milestones are developmentally-based family medicine-specific attributes that family medicine residents can be expected to demonstrate as they progress through their program.

Resident competence will be evaluated in a variety of ways including direct observation, outcomes assessment, patient feedback and written examination.
Upon evaluating residents, if remediation is identified, advisor will follow Remediation policy. Please see Remediation policy for details.

Advancement and Graduation

Resident advancement is determined by the Program Director in consultation with the faculty of the program.

There are three advancement steps:
1. R1 to R2

EX. 1

2. R2 to R3
3. R3 to graduation

For advancement to the next level, acceptable progress meeting milestones in the seven core competencies needs to be documented. Additionally, the Resident must be judged competent to supervise others (R1's and students), and to act with limited independence. In the R3 to graduation step, the Resident must be judged with sufficient ability and appropriate clinical and procedural skills to demonstrate sufficient competence to enter practice without direct supervision. Upon the Resident's successful completion of the program, the Program Director will issue a certificate so stating. Please see Promotion, Graduation and Dismissal policies for details.
Below is the link to the ACGME-FM Milestones.
https://www.acgme.org/What-We-Do/Accreditation/Milestones/Milestones-by-Specialty

Advisor/Advisee Relationship

At the beginning of the R1 year, each Resident is assigned a Faculty Advisor. An Advisor/Advisee relationship is, by nature, personal and confidential. Unless the Resident specifies otherwise, the advisor is permitted to share information with other members of the faculty as may be necessary. Confidentiality may be broken if harm or threats of harm to self or others is revealed.

The Resident and the advisor may request a change of advisor/advisee once a year if there are conflicts or discomfort with the relationship. The proposed change must be discussed with the Program Director. The Program Director retains the right to make an assignment if an equitable solution cannot be worked out.

Advisor/Advisee Meetings
Residents and advisors should meet quarterly. Meetings should take place:

1. R-1s: end of Orientation, October, January, and April.
2. R-2s: end of August, November, February, and May.
3. R-3s: end of September, December, March, and June.

Informal advisor/advisee meetings will be Resident driven. Quarterly advisor/advisee meetings will be initiated by the advisor, as will meetings to discuss urgent issues that require review. The advisor will write a summary report for all quarterly and formal evaluation sessions, to include resident Individual Learning Plans (ILP).

The Resident or his/her advisor should discuss significant general problems with an area of the curriculum, a rotation, an educational setting, or an educator, with the faculty member responsible for that curricular area.

Advisor Responsibilities

The advisor reviews information from all areas evaluated and develops a coherent summary of formative and evaluative comments for discussion with the Resident. The advisor prepares a summary of the evaluation meeting for the Resident's file.

Advisee Responsibilities

The Resident should review curriculum objectives before each rotation and after rotation completion to gauge progress toward educational goals. He/she will present an open/creative self-assessment during each formal advisor/advisee meeting and a detailed ILP. Self-assessment forms are located in New Innovations.

EX. 1

Documentation of Skills and Abilities

The granting of privileges for care and procedures is a legal and financial issue that continues to escalate for all physicians. Future privileging and credentialing for hospital care and some clinic settings will depend upon accurate documentation during residency to capture the content and scope of the patient care experience. Residents are required to carefully document their procedures and participation in the care of high risk or complicated patients. The ACGME and AOA also require Residents to document the care of nursing home patients and home visits on continuity patients.

Residents are required to document all procedures performed in New Innovations. These include procedures done in the clinic (including OMT), at rotation sites and in the hospitals. Residents should pay particular attention to including appropriate information, such as type of procedure, role in procedure and patient identifiers to capture the experience.

Core Competency Development

The criteria for advancement shall be based upon appropriate development of the following seven core competencies. The Resident must be judged as competent in these for each level of advancement.

1. **Patient Care & Patient Safety:**
   Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
   - communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families, gather essential and accurate information about their patients, make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
   - develop and carry out patient management plans.
   - counsel and educate patients and their families.
   - use information technology to support patient care decisions and patient education.
   - perform competently all medical and invasive procedures considered essential for the area of practice.
   - provide health care services aimed at preventing health problems or maintaining health.
   - work with health care professionals, including those from other disciplines, to provide patient-focused care.
- Please refer to CHCW policy regarding patient safety and risk management program. Policy is available via intranet.

2. **Medical Knowledge:**
   Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:
   - demonstrate an investigatory and analytic thinking approach to clinical situations.
   - know and apply the basic clinically supportive sciences which are appropriate to their discipline.
3. **Practice-Based Learning and Improvement:**
   Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:
   - analyze practice experience and perform practice-based improvement activities using a systematic methodology.
   - locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.

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4. **Interpersonal and Communication Skills:**
   Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates. Residents are expected to:
   - create and sustain a therapeutic and ethically sound relationship with patients.
   - use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
   - work effectively with others as a member or leader of a health care team or other professional group.
5. **Professionalism**
   Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:
   - demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
   - demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
   - demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
6. **Systems-Based Practice**
   Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:
   - understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice.
   - know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
   - practice cost-effective health care and assist patients in dealing with system complexities.
   - know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.
7. **Osteopathic Philosophy and Osteopathic Manipulation Medicine**
   - Residents must demonstrate competency in the understanding and application of OMT appropriate to family medicine
   - Resident must appropriately integrate osteopathic concepts and OMT into the medical care provided to patients.
   - Resident must understand and integrate osteopathic principles and philosophy into all clinical and patient care activities.

Successful Completion of Rotations and Educational Experiences

The decision whether a Resident passes a rotation or other educational element of the required curriculum is determined by the Program Director, in consultation with the advisor, other faculty and educators, and using all objective and subjective information that is appropriate to the assessment of the Resident's performance in the setting. Evaluation by attendings and others is *advisory* to the Program Director. Failure may result from deficiencies in cognition, clinical performance, technical skills, attendance, and/or attitudinal objectives. If remediation is required, the resident will be provided with the remediation policy and will have a formal meeting with his/her advisor to develop a plan. Please see Remediation policy for details. The advisor also has the option of making a CARED referral. Please see below CARED committee description and workflow.

EX. 1

CARED Committee Description:

Committee Addressing Residents Experiencing Difficulty (CARED)

I. Mission and Purpose

The Central Washington Family Medicine Residency Program (CWFMR) is a funded Teaching Health Center. The program's institutional sponsor is Community Health of Central Washington (CHCW), a federally qualified health center (FQHC), whose mission is **to provide quality health care through service and education**. To this end, the residency program is committed to providing residents with the tools they need to become successful practicing family physicians that receive certification from the American Board of Family Medicine and/or the American Osteopathic Board of Family Physicians.

An essential component of assessing resident progress is through the Accreditation Council for Graduate Medical Education (ACGME) milestone attainment. While residents meet various milestones at different stages of training, residents falling behind their peers in milestone attainment may require remediation to meet expectations required for program advancement. Ultimately the remediation process is designed to ensure residents overcome deficits in ACGME core competencies to attain all ACGME Entrustable Professional Activities (EPAs) required for Family Medicine Physicians at the time of graduation.

This committee aims to provide early identification and intervention for residents in difficulty through data collection and development of personalized improvement plans. The overarching goal of this committee is to ensure residents meet accreditation goals without receiving formal citations and/or delayed time to graduation. Therefore, the committee seeks to prevent and/or correct progression of problems in residency.

Due Process

A. Committee Structure

i. **Quorum**: A committee will consistent of: Program Manager and/or Residency Site Coordinator, Medical Educator, Human Resource Director, and the Program Director (PD). Additionally, a behavioral health specialist, physician faculty member, and/or residency site coordinator should be present. Any of these parties is considered to contribute to the quorum if present in person or by phone. If the physician faculty is the advisor of the resident in difficulty, another physician faculty member, in good standing, will be requested to participate to meet the quorum. The faculty advisor does not need to participate in the initial committee meeting where their resident is discussed, unless deemed necessary by the committee.

a. **Site-Based Participation**: Committee members contributing to the quorum will be asked to participate based on congruency between their home site and the home site of the resident in difficulty. For example, if the resident in difficulty is an Ellensburg resident, Ellensburg faculty will be preferentially asked to participate in order to best contribute to resident oversight.

b. **Permanent members**:
   i. Program Manager/Residency Site Coordinator
   ii. Program Director
   iii. Medical Educator (Chair)
   iv. HR Director
   v. BHC Director

EX. 1

vi. APD

c. **Rotating members**:
   i. BHC representative
   ii. Physician faculty member

d. **Site-Based Participation**:
   i. Faculty, staff and coordinators will be involved based on home site of resident in difficulty and relevance to the problem

e. **Optional Members:**
   i. Residents will be given the option to have the chief resident represent them.

f. **Committee Referral**: Residents may be referred to the committee by any one of the following sources: Any individual who supervises or works collaboratively with a resident, including: faculty members, nursing supervisor, and residency staff.
   i. All referrals should be sent via an email addressed to the Program Manager and advisor (as applicable), copying the Program Director

g. **Referral Follow-Up**: Following a referral, the Program Manager contacts involved parties to acquire additional information. They will then discuss the situation with additional parties to collect data relevant to the deficiency/area of concern (i.e. advisor, nursing, etc.). The Program Manager will then provide CARED members and the resident's advisor with a brief outline (via email) of the situation and possible recommendations, asking for input from the committee and advisor. After review of comments and suggestions, the Program Manager summarizes the feedback and schedules a CARED meeting for follow-up as deemed necessary (see below). In certain cases (requiring informal remediation), the issue may be addressed solely by the advisor upon initial identification and prior to escalation. Major problems requiring formal remediation (e.g. issues regarding patient safety and/or ethical lapses) or recurrent problems will likely result in CARED referral. However, the advisor may request assistance from CARED for issues requiring informal remediation if they feel they do not have the experience and/or resources to properly address the issue.

   i. **No Action Necessary:** No remediation is determined as necessary at the current time. Note, the referral to CARED and determination of "no action necessary" will be kept on file for program tracking and liability purposes.
   ii. **Follow-Up to Informal Remediation**: Informal remediation represents the first step in the process and is initiated when warning signs of problems exist, but problems are not so significant to warrant immediate formal remediation (Smith *et al.*, 2017). Therefore, these problems are primarily addressed by the resident and their advisor. Here, the resident will meet with their advisor to develop plan of action. This plan of action is submitted to the committee and program office. The advisor and resident are expected to follow-up and report progress to the committee as outlined in their individual improvement plan. Examples of informal remediation action plans include: apologizing to offended party, not leaving clinic until charting is complete, etc.
      1. **Exceptions:** *Per above, if the advisor feels they do not have the experience and/or resources to address a given area of concern, the steps to informal remediation will be addressed by CARED in conjunction with the resident advisor.*

EX. 1

iii. **Follow-Up to Formal Remediation**: Once it has been decided the resident requires formal remediation to address the problem, the committee will setup a meeting time to discuss the problem and follow-up according to remediation levels (1-5) as described below. This meeting will ideally occur within 7 days of the identified problem/referral.

B. Issues Requiring Formal Remediation: The following list is representative of the types of activities which may result in formal remediation per the resident handbook. Since there is no way to identify every possible violation of standards of conduct, including harassment or discrimination, the list is not intended to be comprehensive and does not alter the employment-at-will relationship between the resident and the program.

1. Falsifying or omitting of information in the Resident's application or personnel information.
2. Unauthorized possession or use of CHCW materials, time, equipment or property.
3. Gambling, violating criminal law, carrying weapons or explosives on Community Health of Central Washington premises.
4. Fighting, throwing things, horseplay, practical jokes or other disorderly conduct which may endanger the well-being of any Resident, employee, patient or visitor.
5. Engaging in acts of dishonesty, fraud, theft or sabotage.
6. Threatening, intimidating, coercing, using abusive or vulgar language, or interfering with the performance of other Residents or employees.
7. Insubordination or refusal to comply with instructions or failure to perform reasonable duties as assigned.
8. Damaging or destroying program property due to careless or willful acts.
9. Negligence in observing fire prevention and safety rules.
10. Irregular attendance or absence without notice.
11. Conduct which adversely reflects on the Resident or Community Health of Central Washington.
12. Work performance that does not meet the requirements of the position.
13. Engaging in practices inconsistent with the ordinary and reasonable rules of conduct necessary for the welfare of Community Health of Central Washington, its employees, patients, or visitors.
14. Any acts, conduct or omission deemed of a serious nature by Community Health of Central Washington.

C. Formal Remediation Documentation: Formal remediation is considered a problem that is significant enough to warrant immediate formal remediation (e.g. patient safety concerns; see list above) or a chronic deficiency that has not been corrected (e.g. late charting) (Smith *et al.*, 2017). Once referred to the committee for formal remediation, the committee will supply the resident, advisor and the program director with all of the following:

i. Written documentation of the problem containing data from all parties involved.
ii. Documentation of any prior attempts by the program to help the resident remediate the deficiency or deficiencies.
iii. Steps that the resident needs to complete to address the problem (i.e. learning plan).
iv. Description of further steps to be implemented if resident **fails** to improve; this will include a required timeline for follow-up and improvement.

EX. 1

D. Remediation Levels:

1. **Formal Remediation—Constructive Citations:** Constructive Citations are areas of concern on which the resident should focus his/her study, but are not serious enough to cause concern about advancement. These citations should receive at least **quarterly** follow-up by a clearly delineated person and process outlined in the formal remediation plan. Once the committee has convened, the resident and their advisor will be responsible for developing a formal action plan. If the resident has not achieved goals by the time specified in their remediation plan, they will escalate to a Level 2 remediation (*Consequential Citation*).

2. **Formal Remediation—Consequential Citations:** Consequential Citations are areas of concern significant enough to require the resident and faculty to develop a formal plan of corrective action. Failure to correct these areas within a specified time frame could result in required remediation and probation. Elective time is used for required remediation, but no more than four weeks of elective time may be used for remediation in any year of the academic program. These citations should receive **monthly** follow-up by the committee, program director, **and** advisor in person or by email.

    a. **Formal Remediation—Probation:** The committee may recommend a resident for probation to the PD. The committee and PD should reach consensus in the decision to put a resident on probation. Lack of consensus on probation will result in an additional meeting between the committee and the PD. Documentation of the probation plan is signed by the resident, faculty advisor and PD and placed in the resident file. This signed document is copied and given to the resident. The resident will then work closely with their advisor and the committee to overcome deficits contributing to probation. Probation should receive **weekly** follow-up with the committee **and/or,** advisor in person or by email.

    ****It is important for all parties to recognize that imposition of a probation period is reportable in the summative final evaluation of the PD and is reportable on licensing and credentialing documents.*

3. **Formal Remediation—Suspension:** If an identified resident is deemed not safe to continue the practice of family medicine at the present time and/or the program needs additional time to review a serious problem, a temporary suspension from clinical duties is an option for the program. The steps needed to suspend a resident are the same as Probation (see above). If the committee considers the resident unsafe to practice medicine and has failed remediation, then dismissal rather than remediation is recommended.

    ****It is important for all parties to recognize that imposition of a suspension/probation period is reportable in the summative final evaluation of the PD and is reportable on licensing and credentialing documents. In addition, it will add to the length of training.*

a. Notice of Suspension must contain the following:

i. Documentation of any prior attempts by the program to help the resident remediate the deficiency.
ii. Steps that the resident needs to complete to address the problem.
iii. Description of how the program will evaluate progress in resident's response to the problem.

EX. 1

iv. Description of further steps that could be implemented if the resident fails to improve; including termination.
v. Documentation of the suspension should be signed by the resident, faculty advisor, and PD and placed in the resident's file. This signed document is then copied and given to the resident.

4. **Formal Remediation—Dismissal:** Dismissal is considered a final decision with permanent severing of the education and financial contract with the resident. Dismissal should follow failure to meet agreed upon goals/expectations while on probation. Dismissal can be considered as an initial step if the deficiency in ACGME competency was so egregious as to represent an immediate step to protect the public from the continued practice of medicine by the given resident.

   A resident must be able to have credentials at the training institutions where patients are seen: Virginia Mason Memorial Hospital; Regional Medical Center; Kittitas Valley Healthcare. A resident also must also maintain their credentials at Community Health of Central Washington. Any action that terminates their privileges or their credentials can result in dismissal from the residency.

   The steps that must be taken to dismiss a resident are the same as those listed for probation above. The committee and PD should discuss the reasons for dismissal with HR. Upon dismissal, further follow up with the resident should be via HR.

E. Non-renewal of contract: The committee can recommend that a resident's contract not be renewed for the following academic year. In this case, the resident completes the current year of training, but is not offered a contract for the ensuing year of training. The final decision to non-renew a contract is made by the PD. This step can be considered when steps to remediate a competency issue(s) are unsuccessful. Notification of non-renewal should occur at least 90 days before the end of the resident's academic year.

F. Grievance Procedure: If the resident does not agree with the Program Director/CARED's decision (including dismissal), the resident may submit a grievance in writing to the Program Director/CARED within five (5) days to be sure that due process was followed. If satisfactory resolution is not reached, the resident may within five (5) days submit a written request for review of the due process to the CHCW Chief Executive Officer. The CEO's decision will be final and binding. Please refer to the detailed Grievance and Due Process Policy located in the shared drive for details.

G. Follow-Up:

1. Once an action plan is agreed upon, the committee will draft a notification letter to the resident. This letter will be presented to the resident by their advisor ideally within 7 days following the CARED meeting. Should the advisor be unavailable, this letter may be presented to the resident by the PD or another committee member.

2. Should it be deemed necessary by the committee, the committee may schedule an in-person meeting with the resident and their advisor to discuss action items for follow-up. *The resident may choose to have the chief resident present to advocate for them, in addition to their advisor.*

EX. 1

3. It is strongly suggested to incorporate a committee member in resident-advisor meetings when the resident is on formal citation. This will provide external perspective and help track progress towards citation removal.

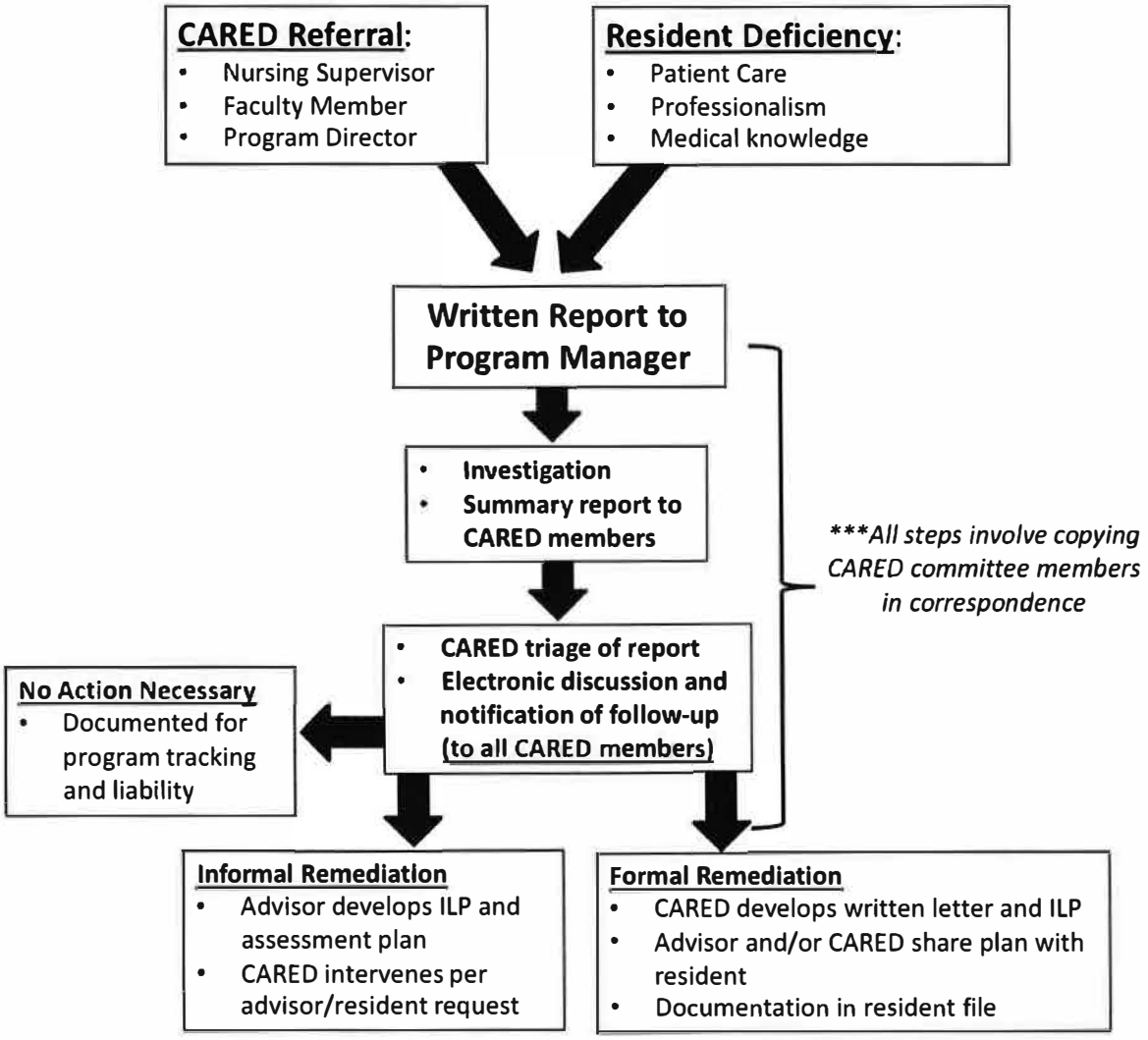
H. Conflicts with Advisor: In some cases the resident may feel their advisor is not able to sufficiently mentor them; this may occur independently of remediation. In this situation, the resident may write a written request to the CARED to request another advisor. The resident may suggest a new advisor to the committee only after discussing with the specified new advisor.

I. References:

1. Smith, J. L., Lypson, M., Silverberg, M., Weizberg, M., Murano, T., Lukela, M., & Santen, S. A. (2017). Defining Uniform Processes for Remediation, Probation and Termination in Residency Training. Western Journal of Emergency Medicine, 18(1), 110–113. http://doi.org/10.5811/westjem.2016.10.31483

CARED Workflow-Resident may ask for resident representation at these meetings

Figure 1. CARED Workflow Review: From problem identification to citation.



EX. 1

Steps for Improvement

The quarterly evaluation, which summarizes the input from the rotation and clinical evaluations, will outline formative comments and the significance of these comments to the Resident's advancement. Any significant deficiencies or concerns about Resident achievement of the core competencies will be addressed. A plan for working on the areas identified will be developed.

1. Constructive Citations
   Constructive Citations are areas of concern on which the Resident should focus his/her study, but are not serious enough to cause concern about advancement.
2. Consequential Citations
   Consequential Citations are areas of concern significant enough to require the Resident and faculty to develop a formal plan of corrective action. Failure to correct these areas within a specified time frame could result in continued remediation and probation. Elective time is used for required remediation, but no more than four weeks of elective time may be used for remediation in any year of the academic program.
3. Probation
   If a Resident fails a rotation or does not correct a consequential citation within the specified time, he/she will be placed on probation. Further testing, evaluation by professionals, tutorials or outside therapy/treatment may be required. Expectations for achievement and the timeline for reevaluation will be determined.
   All failed rotations must be repeated and the Resident's advancement to the next level of training delayed a commensurate amount. Likewise, the period of training will be extended to meet the completion of training requirements.
4. Termination
   The intention to terminate training may be initiated by the Resident or the Program Director/DIO with a 30-day written notice. Termination by the Program Director/DIO may be for Standards of Conduct violations or academic reasons. If the termination is for lack of academic progress, the Resident will have progressed through several stages of remediation and termination will be a last resort after those steps have failed. Standards of Conduct violations may result in immediate termination depending on the nature/severity of the violation.

Grievance Procedure

If the dismissed Resident does not agree with the Program Director decision, the Resident may submit a grievance in writing to the Designated Institutional Official (DIO) within five (5) days to be sure that due process was followed. If satisfactory resolution is not reached, the Resident may within five (5) days submit a written request for review of the due process to the CHCW Chief Executive Officer. The CEO's decision will be final and binding. Please refer to Grievance and Due Process policy located in the shared drive for details.

EX. 1

HANDBOOK RECEIPT AND ACKNOWLEDGEMENT

I have received a copy of the Central Washington Family Medicine Residency Program Resident Handbook and have reviewed the ACGME *Institutional Requirements for Residency Training*, the ACGME *Common Program Requirements for Residency Education in Family Medicine and the* ACGME *Osteopathic Recognition Requirements (only applicable to osteopathic residents)*.

The *Resident Handbook* contains policies/procedures and rules that apply to me. I agree to abide by the policies/procedures and rules during my three years of training at the Central Washington Family Medicine Residency Program/CHCW Ellensburg. I further understand this handbook may be amended at any time and that changes will be communicated to me. I understand and agree that my residency education by the Central Washington Family Medicine Residency Program, a service of Community Health of Central Washington, is at-will.

_____

Resident Signature Date

_____

Resident Name (Printed)

_____

Witness Signature Date

(This copy to be filed in Resident binder)

EX. 1